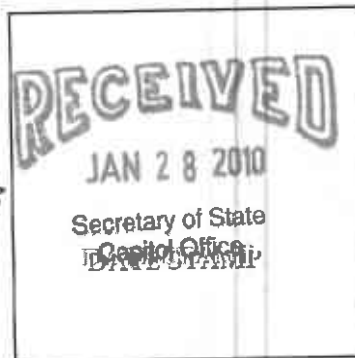


Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name JOHN O. READ  
Full Address 2396 Robert HIRAM, GAITHER, MS 39233  
Telephone 1-228-477-9852 (Fax) SAME  
E-mail \_\_\_\_\_  
Office Sought House of Rep (Dist 112) Political Party Rep



☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	7,394 <sup>00</sup>	\$ 3,200 <sup>00</sup>	\$ 10,594 <sup>00</sup>
Total amount of disbursements		\$ 10,192 <sup>00</sup>	\$ 10,192 <sup>00</sup>
Total amount of cash on hand		\$ 402 <sup>00</sup>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee John READ  
Reporting period 01-01-09 through 12-31-09

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. Algreen (Bov Bolton)</u>		<u>07/30/09</u>	\$
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code <u>Oxford MS 38650</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Beverly Bolton Gov Rep</u>		<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date		\$ <u>300<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check into Cash of MS</u>		<u>04/16/09</u>	\$
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code <u>Cleveland, TN 37364</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Meredith Braxton</u>		<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date		\$ <u>250<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chertron</u>		<u>09/25/09</u>	\$
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code <u>PASCA GOULA MS 39068</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Steve Renfro</u>		<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date		\$ <u>1,000<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Association for Home CARE</u>		<u>12/14/09</u>	\$
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON MS</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Bobby MacLean &amp; Associates</u>		<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date		\$ <u>300<sup>00</sup></u>

Name of Candidate or Committee John O. Read  
 Reporting period 01-01-09 through 12-31-09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ASTRAZENCA</u>		<u>11/20/09</u>	\$
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) <u>ADIANA Spencer</u>		<u>1/1/</u>	\$
Occupation (Required) <u>AD ST Gov Affairs</u>	Aggregate year-to-date		\$ <u>350<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BAUER Health Care</u>		<u>10/15/09</u>	\$
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) <u>Mike Bird Song</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Dr ST Gov. Affairs</u>	Aggregate year-to-date		\$ <u>250<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Dental PAC</u>		<u>10/30/09</u>	\$
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) <u>JACKSON MS 39216</u>		<u>1/1/</u>	\$
Occupation (Required) <u>W. CRAIG MARTIN</u>	Aggregate year-to-date		\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>At St MS PAC</u>		<u>09/24/09</u>	\$
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) <u>JACKSON MS 39201</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Randy Russell</u>	Aggregate year-to-date		\$ <u>250</u>

Name of Candidate or Committee John O. RLAO  
Reporting period 01-01-09 through 12-31-09

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Koch</u>	<u>10/12/09</u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code	<u>Baton Rouge LA 70801</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>Lease Utility</u>	<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>3</u>
		Aggregate year-to-date	<u>32,000<sup>00</sup></u> <u>3,200<sup>00</sup></u>

Name of Candidate or Committee

John O. READ

Reporting period

01-01-09

through

12-31-09

## ITEMIZED DISBURSEMENTS

A. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional) Phone Bill - (12 months)	Aggregate Year-to-date	\$ 1,992.00
B. Full name Gautier, Evan Clove High	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional) Baseball Signs at Parks	Aggregate Year-to-date	\$ 1,200.00
C. Full name GOVB	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional) JES Advertisement team Sponsorship	Aggregate Year-to-date	\$ 900.00
D. Full name JES - Advertisement	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional) Campaign Supplies (Pencils & Pens)	Aggregate Year-to-date	\$ 300.00
E. Full name WKRY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional) TV Ads for team support (football)	Aggregate Year-to-date	\$ 3,200.00
F. Full name Jim Ham	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 10,192